PSP	Cover She	et (Attach to the front of ea	ach prop	pposal)					
Proposal Title: Applicant Name: Contact Name: Mailing Address: Telephone: Fax: Email:		Yolo Bypass Management Strategy, Phase II Yolo Basin Foundation, on behalf of the Yolo Bypass Working Group Robin Kulakow, Executive Director							
					P.O. Box 943, Davis, CA 95617				
					530/756-7248 530/757-4824 robin@yolobasin.org				
		Amount of funding requested: \$ _467,147							
		Cost share partners? Yes X No Identify partners and amount contributed by each							
		····							
		Include the Topic for which you are applying (check only one box).							
	Natural Flow F	Regimes		Beyond the Riparian Corridor					
	□ Nonnative Invasive Species			Local Watershed Stewardship					
	Channel Dyna	mics/Sediment Transport		Environmental Education					
	Flood Manage	ement		Special Status Species Surveys and Studies					
	□ Shallow Water Tidal/Marsh Habitat □			Fishery Monitoring, Assessment and Research					
	Contaminants	•		Fish Screens					
What county or counties is the project located in? Yolo; Solano									
What CALFED ecozone is the project located in? See attached list and indicate number. Be as specific as possible Zone 10: Yolo Basin									
Indicate the type of applicant (check only one box):									
	State agency	,		Federal agency					
	Public/Non-	profit joint venture		Non-profit					
	Local govern	nment/district		Tribes					
	University			Private party					
	Other:								